
EARLHAM
COLLEGE

MASTER OF EDUCATION
Renewing the Teacher Within

APPLICATION FOR ADMISSION

Application for Admission Master of Education

EARLHAM

Please print or type

Biographical Information

Name _____
last first middle preferred name

Present mailing address _____
number and street city state/province/county ZIP or postal code

Telephone (_____) _____ E-mail address _____
area code telephone number

Permanent mailing address _____
number and street city state/province/county ZIP or postal code

Have you been convicted of a crime? Yes No If Yes, please explain on a separate sheet of paper.

Optional Information

Male Female Marital status: Single Married Number of children _____

Social Security Number _____

Birthdate _____ Country of birth _____ Country of citizenship _____

For Department of Education Reports — How would you describe yourself? Please check:

American Indian or Alaskan Native
Asian or Pacific Islander

Black, non-Hispanic
Hispanic

White, non-Hispanic
Other (specify)

Religious preference _____

Applicant Information

Expected Date of Enrollment _____ License Subject Area _____

Names of other graduate schools where you may be applying (optional) _____

How did you become acquainted with the Master's of Education program at Earlham? _____

Education

Please list in chronological order all colleges, universities, and postsecondary institutions attended. Please list the most recent first. It is your responsibility to see that one official transcript is sent directly to us by every school you have attended.

_____	Dates _____	Major _____	Degree _____
_____	Dates _____	Major _____	Degree _____
_____	Dates _____	Major _____	Degree _____
_____	Dates _____	Major _____	Degree _____
_____	Dates _____	Major _____	Degree _____

Please list any significant academic honor or other honors received. _____

Work Experience

School employment history (please provide all information **and** submit a resume)

Title _____	Employer _____	
Dates _____	Supervisor _____	Telephone _____
Title _____	Employer _____	
Dates _____	Supervisor _____	Telephone _____
Title _____	Employer _____	
Dates _____	Supervisor _____	Telephone _____
Title _____	Employer _____	
Dates _____	Supervisor _____	Telephone _____

Other interpersonal experiences, paid and nonpaid (e.g., college residence assistant, camp counselor, tutor, etc.) _____

References (Please use enclosed forms)

Please list references who can attest to your ability as a teacher.

Name _____	Relationship: Personal Professional
Address _____	
Name _____	Relationship: Personal Professional
Address _____	
Name _____	Relationship: Personal Professional
Address _____	

Financial Information

Do you expect to file an application for financial aid? Yes No

Acknowledgement

The following items must be furnished by the applicant:

1. Master's of Education Application Form
2. \$35 Non-Refundable Application Fee
3. Applicant's Admission Essays (See form)
4. One official transcript from each college or university attended
5. Three reference forms
(**must** use forms included in packet)
6. Resume

Earlham assumes that the application for admission and all of its parts should be kept confidential and should be made available only to those College staff members with a legitimate interest in your application. Some of the information you have provided may be used for institutional research. It is the responsibility of the Director of the Graduate Programs in Education to determine the appropriate release of information.

I hereby certify I have read the above statements and that all of the information I have provided in this application is true to the best of my knowledge.

Signature

Date

Earlham College affirms its commitment in all its activities and processes, to treat all people equally without concern for age, gender, sexual orientation, race, nationality, or ethnic origin.

EARLHAM
COLLEGE

Mail this application with a \$35 non-refundable application fee to:

Graduate Programs in Education
Earlham College, Drawer 71 • 801 National Road West • Richmond, Indiana 47374
Toll free: 877-983-1847 • 765-983-1847 • FAX: 765-983-1849
gpe@earlham.edu

Instructions for Completion

Please respond to the following in no more than two, typed double-spaced pages (four total).

“Good teachers possess a capacity for connectedness. They are able to weave a complex web of connections among themselves, their subjects, and their students, so that students can learn to weave a world for themselves.”

Parker Palmer

Essay

How do you believe being part of the Earlham College Master of Education Program will enhance your understanding of these connections?

Please print or type

Please have this form completed by a person who can attest to your work as an educator. It should not be completed by a member of your family.

Section I: To be completed by applicant

Name of Applicant _____
Last First Middle

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their rights to inspect specific confidential reference forms and letters. With the understanding that applicants and persons from whom they request evaluations may wish to preserve the confidentiality of evaluations, we are providing you the opportunity to sign one of the following statements:

- A. I waive my right to examine this form.

Applicant's Signature Date

- B. I do not waive my right to examine this form.

Applicant's Signature Date

Section II: To be completed by reference

- A. How long have you known the applicant? In what capacity?

- B. How do you evaluate the applicant's work as an educator?

- C. How do you evaluate the applicant's character and relationships given your understanding of the requirements for a professional educator?

D. How do you evaluate the applicant's ability and fitness for a cohort-based master's program demanding a great amount of interpersonal interaction and critical thinking?

E. Please share any additional information regarding the strengths and weaknesses of the applicant.

In consideration of the applicant's suitability for study and overall potential in a master's program, please check one of the following:

- I highly recommend I recommend I recommend with reservation I do not recommend

Signature

Name (please print or type)

Date

Title/Position

Employer

Employment Address

Phone

Thank you for your assistance.

Please send to:

**Graduate Programs in Education
Earlham College, Drawer 71
801 National Road West
Richmond, IN 47374**

**Request for Official Transcript Form
Master of Education**



Please print or type

Institution _____

Applicant Name _____
Last First Middle

Name used when attending above institution:

Last First Middle

Graduation Year or Dates of Attendance _____

Date of Birth _____ Social Security /ID Number _____

Number of copies requested: For Earlham College _____ For student _____

Mail transcript(s) to: Graduate Programs in Education, Earlham College, Drawer #71, 801 National Road West, Richmond, IN 47374

Student Address _____
Street Address City State Zip

A check for \$ _____ is attached to cover transcripts fees. (Check with each institution to find out the charges for transcripts.)

Student Signature Date

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Master of Education**



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Institution _____

Applicant Name _____
Last First Middle

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